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Environmental Management and Testing Services (EMTS) SAMPLE SUBMISSION / CHAIN OF CUSTODY FORM

Lab Batch NO. _____

Sample #	Material Description/Color	Room/Location	Representative Name	Homo Code	Date of Sample		
					Page	of	
					Turnaround	Priority - 3hr 6hr Normal - 24hr 48hr 72hr 5day	
					Analysis Requested / Comments		
Project Description / Location				Client Name			
				Address		Phone	
				City, State, Zip		Fax	
				Email			
				Date of Sample			
Relinquish By				Inspector #		Received By	
		Date				Date / Time	